

Application or Docket Number

10691654

1 of 2

SMALL ENTITY ☐ **OR** **OTHER THAN**
TYPE ☐ **SMALL ENTITY**

| | (Column 1) | (Column 2) |
|---|---------------|--------------|
| TOTAL CLAIMS | 21 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 21 minus 20 = | 1 |
| INDEPENDENT CLAIMS | 2 minus 3 = | 0 |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | |

| RATE | FEE | | RATE | FEE |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 385.00 | OR | BASIC FEE | 770.00 |
| XS 9= | | OR | XS18= | 18 |
| X43= | | OR | X86= | |
| +145= | | OR | +290= | |
| TOTAL | | OR | TOTAL | 788 |

| SMALL ENTITY | OR | OTHER THAN SMALL ENTITY |
|--|----|--|
| <p>1. Name of the applicant:</p> <p>2. Address of the applicant:</p> <p>3. City and State of the applicant:</p> <p>4. Title of the invention:</p> <p>5. Date of the invention:</p> <p>6. Name of the inventor:</p> <p>7. Address of the inventor:</p> <p>8. City and State of the inventor:</p> <p>9. Name of the assignor:</p> <p>10. Address of the assignor:</p> <p>11. City and State of the assignor:</p> <p>12. Name of the assignee:</p> <p>13. Address of the assignee:</p> <p>14. City and State of the assignee:</p> <p>15. Name of the assignor:</p> <p>16. Address of the assignor:</p> <p>17. City and State of the assignor:</p> <p>18. Name of the assignee:</p> <p>19. Address of the assignee:</p> <p>20. City and State of the assignee:</p> | | <p>1. Name of the applicant:</p> <p>2. Address of the applicant:</p> <p>3. City and State of the applicant:</p> <p>4. Title of the invention:</p> <p>5. Date of the invention:</p> <p>6. Name of the inventor:</p> <p>7. Address of the inventor:</p> <p>8. City and State of the inventor:</p> <p>9. Name of the assignor:</p> <p>10. Address of the assignor:</p> <p>11. City and State of the assignor:</p> <p>12. Name of the assignee:</p> <p>13. Address of the assignee:</p> <p>14. City and State of the assignee:</p> <p>15. Name of the assignor:</p> <p>16. Address of the assignor:</p> <p>17. City and State of the assignor:</p> <p>18. Name of the assignee:</p> <p>19. Address of the assignee:</p> <p>20. City and State of the assignee:</p> |

| AMENDMENT A | (Column 1) | | (Column 2) | | (Column 3) |
|--|------------|---|------------|---|--------------------------|
| | 9/1/04 | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | • 21 | Minus | - 21 | - | |
| Independent | • 2 | Minus | - 2 | - | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | <input type="checkbox"/> |

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|-------------------------|----------------|----|-------------------------|----------------|
| X\$ 9= | | OR | X\$18= | |
| X43= | | OR | X86= | |
| +145= | | OR | +290= | |
| TOTAL ADDITIONAL FEE | | OR | TOTAL ADDITIONAL FEE | |

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| AMENDMENT B | (Column 1) | | (Column 2) | (Column 3) |
|---|---|-------|---|------------------|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | • 21 | Minus | -- 21 | = - |
| Independent | • 2 | Minus | -- 2 | = - |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|---------------------|----------------|----|---------------------|----------------|
| X\$ 9= | | OR | X\$18= | |
| X43= | | OR | X86= | |
| +145= | | OR | +290= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

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| AMENDMENT C | (Column 1) | | (Column 2) | | (Column 3) |
|--|---|-------|---|--|--------------------------|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | PRESENT EXTRA |
| Total | 22 | Minus | 4 | | 1 |
| Independent | 3 | Minus | 3 | | 4 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | <input type="checkbox"/> |

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|------------------------------|-------------------|----|------------------------------|-------------------|
| X5 ² ₅ | | OR | X5 ⁵ ₀ | 50.00 |
| X43= | | OR | X85= | |
| +145= | | OR | +280= | |
| TOTAL ADDITIONAL FEE | | OR | TOTAL ADDITIONAL FEE | 50.00 |

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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PTO/SB/06 (08-03)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | Application or Docket Number 10-691654 | |
|--|---|------------------------------------|---------------|--|--|--|--|
| CLAIMS AS FILED – PART I <div style="display: flex; justify-content: space-around; font-size: 0.8em;"> (Column 1) (Column 2) </div> | | | | | | | |
| FOR | NUMBER FILED | NUMBER EXTRA | | | | | |
| BASIC FEE (37 CFR 1.16(a)) | | | | | | | |
| TOTAL CLAIMS (37 CFR 1.16(c)) | minus 20 = * | | | | | | |
| INDEPENDENT CLAIMS (37 CFR 1.16(b)) | minus 3 = * | | | | | | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) | | | | | | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2. | | | | | | | |
| CLAIMS AS AMENDED – PART II <div style="display: flex; justify-content: space-around; font-size: 0.8em;"> (Column 1) (Column 2) (Column 3) </div> | | | | | | | |
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | | | |
| | Total (37 CFR 1.16(c)) | Minus ** | = | | | | |
| | Independent (37 CFR 1.16(b)) | Minus *** | = | | | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | | | |
| | | | | | | | |
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | | | |
| | Total (37 CFR 1.16(c)) | Minus ** | = | | | | |
| | Independent (37 CFR 1.16(b)) | Minus *** | = | | | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | | | |
| | | | | | | | |
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | | | |
| | Total (37 CFR 1.16(c)) | Minus ** | = | | | | |
| | Independent (37 CFR 1.16(b)) | Minus *** | = | | | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | | | |
| | | | | | | | |
| SMALL ENTITY | | | | | | | |
| RATE | FEE | | | | | | |
| | \$ _____ | | | | | | |
| X \$ _____ = | | | | | | | |
| X \$ _____ = | | | | | | | |
| + \$ _____ = | | | | | | | |
| TOTAL | | | | | | | |
| OTHER THAN SMALL ENTITY | | | | | | | |
| RATE | FEE | | | | | | |
| | \$ _____ | | | | | | |
| X \$ _____ = | | | | | | | |
| X \$ _____ = | | | | | | | |
| + \$ _____ = | | | | | | | |
| TOTAL | | | | | | | |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.